

INTERNAL DELIBERATIVE DOCUMENT OF THE U.S. ENVIRONMENTAL PROTECTION AGENCY
DISCLOSURE AUTHORIZED ONLY TO CONGRESS FOR OVERSIGHT PURPOSES

EPA-PNL-2818

Phil North/R10/USEPA/US

06/11/2012 06:43 PM

To Peg Lane

cc

bcc

Subject Bristol Bay Voucher

Hi Peg,

Here is the voucher packet for last week's trip. The receipt from Bristol Bay Construction (last page) is lodging for the King Salmon Inn. It is the same business. A hard copy is in the mail.

Phil



Voucher packet Bristol Bay 6-4-12.pdf

Phillip North
Environmental Protection Agency
Kenai River Center
514 Funny River Road
Soldotna, Alaska 99669
(907) 714-2483
fax 260-5992
north.phil@epa.gov

"To protect your rivers, protect your mountains."

TRAVEL VOUCHER (Read the Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION, OR OFFICE EPAR10-ETPA-ARU		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
a. NAME (Last, first, middle initial) North, Phillip A		b. SOCIAL SECURITY NUMBER <div>PERSONAL PRIVACY</div>		4. SCHEDULE NO.		6. PERIOD OF TRAVEL a. FROM 06/04/2012 b. TO 06/08/2012	
c. MAILING ADDRESS (Include ZIP Code) <div>PERSONAL PRIVACY</div>		d. OFFICE TELEPHONE NO. 907-714-2483		7. TRAVEL AUTHORIZATION a. NUMBER(S) PNANCHORAG b. DATE(S) 6/4/12 - 6/8/12		10. CHECK NO.	
e. PRESENT DUTY STATION Soldotna, AK		f. RESIDENCE (city and State) Kenai, AK		11. PAID BY			
3. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE					
2. GOVERNMENT TRANSPORTATION REQUEST, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attached passenger coupon; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7). Traveler's Initials					
		AGENT'S VALUATION OF TICKET (a)		ISSUING OFFICER (Initials) (b)		MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	
		DATE ISSUED (d)		POINTS OF TRAVEL			
				FROM (e)		TO (f)	
3. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		DATE		AMOUNT CLAIMED		\$	
NOTE: Falsification of an item in an expense account works a forfeiture of claim (27 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).							
4. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or office to so certify. (31 U.S.C. 680a).		DATE		17. FOR FINANCE OFFICE USE ONLY COMPUTATION			
APPROVING OFFICIAL SIGN HERE				a. DIFFERENCES, IF ANY (Explain and show amount)		\$	
5. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION							
VOUCHER NO.		b. D.O. SYMBOL		c. MONTH & YEAR		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION	
6. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT				Certifier's Initials:		\$	
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):		\$	
7. ACCOUNT CLASSIFICATION				d. NET TO TRAVELER		\$	

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self-explanation)</i>										Complete this information if this is a continuation sheet	
		<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show member's names, ages and relationship to employee and marital status of children <i>(unless information is shown on the travel authorization.)</i></p> </div> <div style="width: 30%;"> <p>Complete only for actual expense travel</p> </div> <div style="width: 35%;"> <p>Col. (d) (g) (h) (i) (j) (m) (n)</p> <p>Show amount incurred for each meal, including tax and tips, and daily total meal cost.</p> <p>Show expenses, such as: laundry, cleaning and pressing clothes, tips to bellboys, porters, etc. (other than for meals).</p> <p>Complete for per diem and actual expense travel.</p> <p>Show total subsistence expense incurred for actual expense travel.</p> <p>Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.</p> <p>Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.</p> </div> </div>										PAGE 2 of 3	
												TRAVEL AUTHORIZATION NO.	
												TRAVELER'S LAST NAME	

DATE	TIME <small>(Hour and am/pm)</small>	DESCRIPTION <small>(Departure/arrival city, per diem computation, or other explanations of expense)</small>	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE: NO. OF MILES <small>(k)</small>	AMOUNT CLAIMED					
			MEALS				MISCELLANEOUS SUBSISTENCE <small>(h)</small>	LODGING <small>(i)</small>	TOTAL SUBSISTENCE EXPENSE <small>(j)</small>		MILEAGE <small>(l)</small>	SUBSISTENCE <small>(m)</small>	OTHER <small>(n)</small>			
			BREAK-FAST <small>(d)</small>	LUNCH <small>(e)</small>	DINNER <small>(f)</small>	TOTAL <small>(g)</small>										
2012																
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)			
06/4	9:00am	Depart Kenai via GOV														
	12:00pm	Arrive Anchorage						202.72								
06/05	11:15am	Depart Anchorage via AS0162														
	12:17am	Arrive King Salmon						210.00								
06/6	11:30am	Depart King Salmon														
	12:00pm	Arrive Igiugig						75.00								
06/7	1:00pm	Depart Igiugig														
	2:00pm	Arrive Nondalton						150.00								
06/8	10:00am	Depart Nondalton														
	12:00pm	Arrive Anchorage														
	4:00pm	Arrive Kenai														
		CONTINUED ON NEXT PAGE														
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.										SUBTOTALS ▶						
										TOTALS ▶						
<small>In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 110012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.</small>										Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.		TOTAL AMOUNT CLAIMED ▶				

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		INSTRUCTIONS TO TRAVELER <i>(Unlisted items are self-explanation)</i>										Complete this information if this is a continuation sheet	
		<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show member's names, ages and relationship to employee and marital status of children <i>(unless information is shown on the travel authorization.)</i></p> </div> <div style="width: 10%; text-align: center;"> <p>Complete only for actual expense travel</p> </div> <div style="width: 60%;"> <div style="border-left: 1px solid black; padding-left: 5px;"> <p>Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost.</p> <p>(g) Show expenses, such as: laundry, cleaning and pressing clothes, tips to bellboys, porters, etc. (other than for meals).</p> <p>(h) Complete for per diem and actual expense travel.</p> <p>(i) Show total subsistence expense incurred for actual expense travel.</p> <p>(j) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (i) or maximum rate.</p> <p>(m) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.</p> <p>(n)</p> </div> </div> </div>										PAGE 3 of 3	
												TRAVEL AUTHORIZATION NO.	
												TRAVELER'S LAST NAME	
DATE 2012	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE:	AMOUNT CLAIMED		
(a)	(b)		BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)
		Parking											10.00
		Parking											36.00
		SATO fee											28.50
		SATO fee											28.50
		Gov trip fee											15.00
		Cash advance fee											10.00
		Please pay cc \$2195.60											
SUBTOTALS ▶													128.00
TOTALS ▶													128.00

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 110012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED ▶ 128.00

**INTERNAL DELIBERATIVE DOCUMENT OF THE U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICIAL TRAVELER AUTHORIZATION
DISCLOSURE AUTHORIZED ONLY TO CONGRESS FOR OVERSIGHT PURPOSES**

(Note: See Privacy Act Statement on reverse)

PNANCHORAGEAK060412 A01

2. TRAVELER (first name, middle initial, last name) PHILLIP A. NORTH		3. TITLE OTHER		4. SOCIAL SECURITY NO. PERSONAL PRIVACY	
5. ADDRESS TO WHICH REIMBURSEMENT CHECK WILL BE MAILED: PERSONAL PRIVACY PERSONAL PRIVACY		6A. OFFICE/SERVICE AND DIVISION GEPAR10AOO		6B. CORR. SYMBOL	
		7. OFFICIAL DUTY STATION EPA		8. OFFICE PHONE NO. 907-714-2483	
		9. TYPE <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		10. CATEGORY <input checked="" type="checkbox"/> SINGLE TRIP <input type="checkbox"/> LOA (<input type="checkbox"/> COST <input type="checkbox"/> NO COST)	
11. TRAVEL PURPOSE (check one) <input type="checkbox"/> SITE VISIT <input checked="" type="checkbox"/> INFORMATION MEETING <input type="checkbox"/> TRAINING ATTENDANCE <input type="checkbox"/> SPEECH OR PRESENTATION <input type="checkbox"/> CONFERENCE ATTENDANCE <input type="checkbox"/> ENTITLEMENT <input type="checkbox"/> SPECIAL MISSION <input type="checkbox"/> OTHER (SPECIFY)					
12. SPECIFIC TRAVEL PURPOSE					

13. AUTHORIZED OFFICIAL ITINERARY

NOTE: DO NOT include any personal sidetrips or modes of transportation that are for personal convenience and/or preference.

DATE (a)	WEEK-DAY (b)	ITINERARY POINT (c)		PER DIEM RATE			ACTUAL EXPENSE RATE (g)	MODE OF TRANS. BETWEEN ITINERARY POINTS (h)	MODE OF LOCAL TRANSPORTATION (i)
		CITY	STATE	M&IE RATE (d)	MAXIMUM LODGING (e)	TOTAL MAXIMUM (f)			
		FROM:							
		RES: KENAI	AK						
06/04/12	MON	TO: ANCHORAGE	AK	104	181		285	CP	
06/05/12	TU	ANCHORAGE	AK	91	210		301		
06/05/12	TU	TO: KING SALMON	AK	91	210		301	CP	
06/06/12	WED	KING SALMON	AK	105	75		180		
Continued on next page									

YES	NO	14. IS THE EMPLOYEE MAKING ANY DEVIATIONS FROM THE AUTHORIZED ITINERARY FOR PERSONAL CONVENIENCE, TAKING ANY ANNUAL LEAVE OR USING A DIFFERENT MODE OF TRANSPORTATION FOR PERSONAL CONVENIENCE? (If YES, explain in item 22, REMARKS) (Note: any deviations from the authorized itinerary requires a comparative cost statement) 15. IF AIR TRANSPORTATION IS THE AUTHORIZED MODE OF TRAVEL BETWEEN ITINERARY POINTS, IS THE LOWEST PRICED CONTRACT CARRIER BEING USED BETWEEN ALL ITINERARY POINTS? (If NO, justify in item 22) 16. IS EXTRA AIR FARE (first class, business class, etc.) OR RAIL (Metroclub, pullman, etc.) AUTHORIZED? (If YES, justify in item 22) 17A. WILL POV BE USED FOR ANY TRAVEL BETWEEN ITINERARY POINTS? (If YES, check one box below and complete item 17B) <input checked="" type="checkbox"/> USE OF POV IS ADVANTAGEOUS TO THE GOVERNMENT. <input type="checkbox"/> USE OF POV IS NOT ADVANTAGEOUS TO THE GOVERNMENT. USE OF POV HAS BEEN DETERMINED TO BE FOR PERSONAL CONVENIENCE AND REIMBURSEMENT LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER. 17B. MILEAGE RATE AUTHORIZED PER MILE. 0.555 18. IS ACTUAL EXPENSE UNUSUAL CIRCUMSTANCES AUTHORIZED? (If YES, justify in item 22) IF ACTUAL EXPENSE IS AUTHORIZED, THE FOLLOWING APPLY: (1) EXPENSES MUST BE ITEMIZED EACH DAY. (2) RECEIPTS ARE REQUIRED FOR LODGING AND EACH MEAL OVER \$25.00. (3) REIMBURSEMENT FOR MEALS AND MISCELLANEOUS SUBSISTENCE EXPENSE MAY NOT EXCEED 150% OF THE AMOUNT IN ITEM 13(d).
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		

19. TRAVELER IS (check one)				20. METHOD OF OBTAINING COMMON CARRIER TICKETS (check one) (Note: if item 19a was checked and you check 20b or c, explain in item 22)				21. FUNDS OBLIGATED		A. INITIALS	
<input type="checkbox"/> a. GOV'T CHARGE CARD HOLDER	<input type="checkbox"/> b. GOV'T CHARGE CARD DECLINEE	<input type="checkbox"/> c. INFREQUENT TRAVELER	<input type="checkbox"/>	<input type="checkbox"/> a. INDIVIDUAL GOVERNMENT CHARGE CARD	<input type="checkbox"/> b. BLANKET GOVERNMENT CHARGE CARD	<input type="checkbox"/> c. GOVERNMENT TRANSPORTATION REQUEST	<input checked="" type="checkbox"/> OTHER (explain in item 22)			B. DATE	

22. REMARKS ATTEND COMMUNITY MEETINGS FOR BRISTOL BAY WATERSHED ASSESSMENT. (DRIVING GOV TO/FROM KENAI/ANCHORAGE.)		23. EST. COST TO GOVERNMENT	
		A. TOTAL COMMON CARRIER COST	\$ 1316.00
		B. TOTAL PER DIEM AND OTHER	\$ 1201.30
		C. TOTAL ESTIMATED COST	\$ 2517.30

24. TRAVEL ADVANCE WILL BE OBTAINED BY (check one)		25. ADVANCE AUTHORIZED	
<input checked="" type="checkbox"/> a. GOVERNMENT ISSUED CHARGE CARD	<input type="checkbox"/> b. SF 1038, ADVANCE OF FUNDS APPLICATION AND ACCOUNT	\$	0.00

IMPORTANT: SAFETY BELT USE IS MANDATORY. DRIVE SAFELY

A SF 1012, TRAVEL VOUCHER MUST BE SUBMITTED TO THE VOUCHER APPROVING OFFICIAL WITHIN 5 WORKING DAYS OF COMPLETION OF TRIP.

26. NEAR ACCOUNT CLASS.	FUND	ORGANIZATION	BUDGET ACTIVITY	OBJECT CLASS	FUNCTION	COST ELEMENT	PROJECT / PROSPECTUS	COST CENTER A	WORK ITEM	COST CENTER B
	Refer to accounting detail attachment (must be enabled on form preferences).									
27A. NAME AND TITLE OF AUTHORIZING OFFICIAL					27B. SIGNATURE (PRESS FIRMLY USE BALL POINT PEN)			27C. DATE		

INTERNAL DELIBERATIVE DOCUMENT OF THE U.S. ENVIRONMENTAL PROTECTION AGENCY
DISCLOSURE AUTHORIZED ONLY TO CONGRESS FOR OVERSIGHT PURPOSES**05 JUN 2012 ▶ 06 JUN 2012** TRIP TO **IGIUGIG, AK**PREPARED FOR
PHILLIP ANTHONY NORTHCARLSON SATO/EL SOL TRAVEL
WE APPRECIATE YOUR BUSINESS
877-565-4480
CWTALASKA@ELSOLTRAVEL.NET

RESERVATION CODE

PERSONAL PRIVACY

AIRLINE RESERVATION CODE

PERSONAL PRIVACY

OTHER: TUESDAY 05 JUN

OTHER

Status:
ConfirmedANC
ANCHORAGE, AKInformation:
AIRFARE IS 421.50**DEPARTURE: TUESDAY 05 JUN** Please verify flight times prior to departureALASKA AIRLINES
AS 0162Duration:
01hr(s) :02min(s)ANC
ANCHORAGE, AKAKN
KING SALMON, AKAircraft:
BOEING 737-400 JET

Distance (in Miles): 288

Stop(s): 0

Departing At:
11:15amArriving At:
12:17pmTerminal:
SOUTH - DOMESTICTerminal:
Not AvailablePassenger Name:
» PHILLIP ANTHONY
NORTHSeats:
07C /
ConfirmedClass: Status:
Economy ConfirmedFrequent Flyer #:
PERSONAL PRIVACY
PERSONAL PRIVACY
PERSONAL PRIVACY
ALASKA
AIRLINES

eTicket Receipt(s): Meals:

PERSONAL PRIVACY
PERSONAL PRIVACY
PERSONAL PRIVACY**DEPARTURE: WEDNESDAY 06 JUN** Please verify flight times prior to departurePENAIR
KS 0851Duration:
00hr(s) :20min(s)AKN
KING SALMON, AKKLL
LEVELOCK, AKAircraft:
PIPER PROPELLER

Distance (in Miles): 31

Departing At:
11:00amArriving At:
11:20amTerminal:
Not AvailableTerminal:
Not AvailableStop(s):
Intermediate at
LEVELOCK, AK Change
of equipment may be
requiredPassenger Name:
» PHILLIP ANTHONY NORTHSeats:
Check-In RequiredClass: Status:
Economy Confirmed

eTicket Receipt(s):

Meals:

PERSONAL PRIVACY
PERSONAL PRIVACY

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MILLENNIUM
ALASKAN HOTEL
ANCHORAGE

INVOICE

Membership No. :
A/R Number :
Group Code :
Company Name :

Room No. : 2059
Arrival : 06-04-12
Departure : 06-05-12
Page No. : 1 of 1
Folio No. : 186798
Conf. No. : 5583492

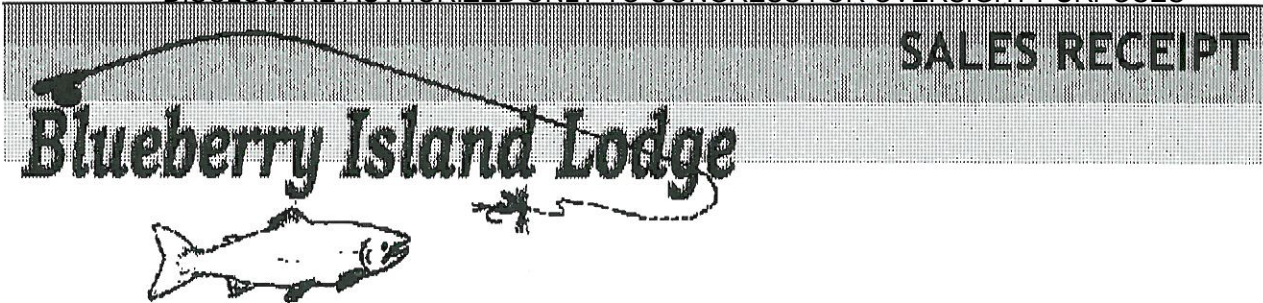
PHILLIP NORTH
514 FUNNY RIVER RD
Soldotna AK 99669
United States

Date	Text	Charges USD	Credits USD
06-04-12	Government Room Rate	181.00	
06-04-12	Tax Room-State	21.72	
06-05-12	Mastercard XXXXXXXXXXXXXX <small>PERSONAL PRIV PERSONAL PRIV PERSONAL PRIV</small> XX/XX		202.72
Total		202.72	202.72
Balance		0.00	USD

Guest Signature: _____

Log on to www.millenniumhotels.com to get your Best Rate Guarantee

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Blueberry Island Lodge

DATE: JUNE 7, 2012

PO Box 870605, Wasilla, AK 99687
Phone 907-980-1780 Fax 866-616-5309
Info@blueberryislandlodge.com

SOLD TO Phillip A. North
Environment Protection Agency
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

PAYMENT METHOD	CHECK NO.	JOB
VISA		

QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL
1	Ea,	Boarding for one night	75.00		75.00
				TOTAL DISCOUNT	
				SUBTOTAL	
				SALES TAX	
				TOTAL	\$75.00

RECEIPT

[illegible]